

No 16

One



On Intermittent Fevers.

By

Chamberlain

paper April 1. 1817



Prefatory Remarks

From the multiplicity of subjects presenting themselves to my view, I have found no small difficulty in selecting one for the present essay, proposing more claims to notice than another; for be the subject what it may, ~~whether~~ *original matter* can a student bring forth, unless it has to be experiment.

Fever, that grand outlet to human life, has from the earliest dawn of medical science, engaged the attention of man, yet let me ask, in what does it consist? This question which has so long been reiterated from every part of the world, has never yet been satisfactorily answered. "Bullock defines fever to consist" in an increase, frequency of the pulse, with an increase of temperature, preceded by a shivering, and accompanied by an interruption and disorder of several functions, particularly, some diminution of strength in the animal functions." This is by no means a satisfactory definition of fever, there may be a great increase

x The Candidate acknowledged this sentiment & it
incorrect -

of the pulse, as immediately after running jumping and
the like, without fail; it is not always preceded by a shi-
vering, the temperature is not invariably increased, nor
is the strength uniformly diminished. Imperfect as is this
definition of fever it is the best we have, and a factum
is preferable to no theory at all. Of fevers there are several
kinds as Intermittent, Remittent &c. The first of these
being a very common disease in the section of country in
which I reside, I have thought it a proper subject for
the present purpose. It is not a disease in itself attended
with much danger, but it too often leads to those that
are. Dropsy, a disease often fatal, is frequently brought
on by neglected cases of intermittent fever. Scrophulous
&c. are produced by the same cause. These diseases
with many others that might be mentioned, consequent to
intermittent fever, fully point out the necessity of prompt
ly attending to this too much neglected disease.



Disertation

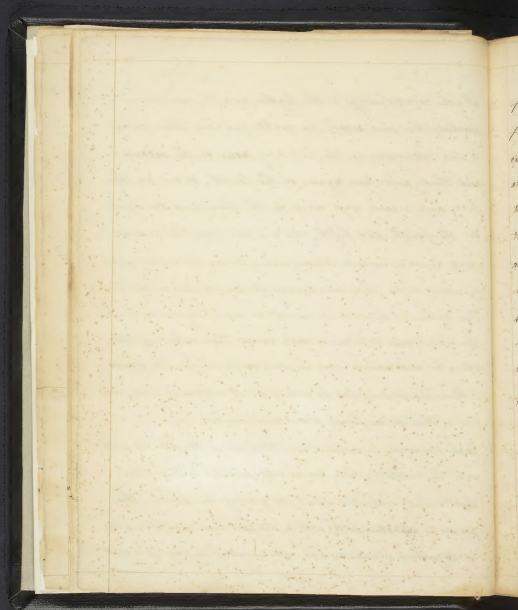
A succession of paroxysms between which there is an
intermission from all febrile symptoms consti-
tute intermittent fever, but as the length of time inter-
vening between the paroxysms differs, various names have
been applied to it, thus, when it occurs once in twenty
four hours, it is denominated a quotidian, since in the
space of forty eight hours, a tertian, and again, when
seventy two hours intervene it is called a quartan.

Many other forms have been mentioned by different
writers, as the quintan the sextan &c. these might have
occurred, but I think it more probable that they were
irregularities of one or other of those above mentioned.
There are also double tertians and quartans: in a dou-
ble tertian there is commonly an attack daily, this is
distinguished from a quotidian by the attacks being at
tenally milder ~~on one day and severer on the next~~
it is evident that there are here two forms, the lighter



attacks corresponding to the light, and the more severe adopting the same order. In double quartans there may be two paroxysms on the first day, none on the second and third, and two again on the fourth, or one on the first and second days, none on the third and one again on the fourth and fifth, this is a rare form, but it sometimes appears. Triple tertians and quartans have been noticed by many writers they are however of very rare occurrence. The tertian I believe to be much the most frequent form of the disease, and it is more easily cured than either of the others, the quotidian is next in point of frequency. The quartan I have never seen but as arising out of protracted cases of one or other of the forms above mentioned.

Each paroxysm is divided into three stages the cold, the hot, and the sweating, these are so well described by Dr. Cullen that I shall take the liberty of quoting his words. "The person is affected first, with a languor and some of debility, a sluggishness in motion, and some dimness in seeing, is with

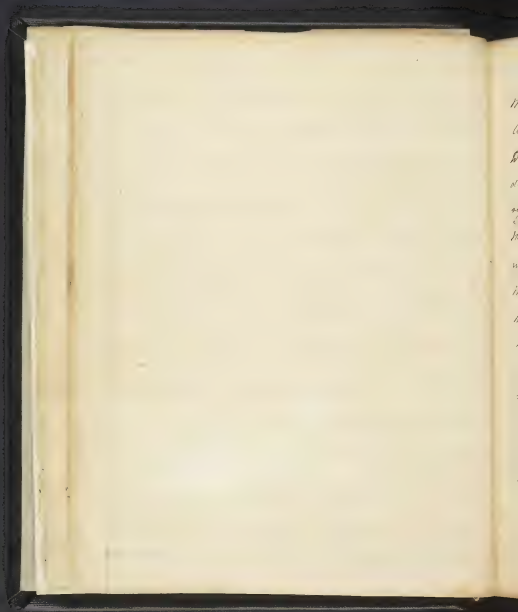


frequent nausea and stretching, at the same time the
 face and extremities become pale; the patient shivers, the limbs
 become extremely cold & numbness, and the skin over the
 whole body appears cold & insensible, and coldness is then noticed
 in it. At the coming on of these symptoms, some coldness of
 the extremities, though the coldness of the whole body
 may be perceived by another person, at length the patient
 feels a sensation of cold commonly first in his head,
 but from thence passing over the whole body, and now
 his skin felt warm to another person. The palest sense
 of cold increasing produces a ~~tremor~~ ^{all} in his limbs with
 frequent incoceptions or jerks of the limbs in the body.
 When this sense of cold and its effects, have continued for
 some time, they become less violent and an alternation
 with warm skin ensues. By degrees the cold goes off entirely,
 and a heat greater than natural ensues, and
 coming over the whole body. With this heat, the colour
 of the skin returns and a profuse natural sweat is



especially in the face. When the heat and redness
 come on the skin is relaxed and smooth. But in
 some time continuing on, the features of the face, and
 other parts of the body, recover their natural size, and
 become even more larger. When the heat redness and
 sufficiency have increased and continued, for some time
 a moraine appears upon the forehead, and by degrees
 becomes a sweat, which gradually extends downwards
 over the whole body. As this sweat continues to rise,
 the heat of the body abates, the sweat, after continuing
 for some time, gradually ceases, the body returns to its
 natural temperature, and most of the functions are
 restored to their ordinary state."

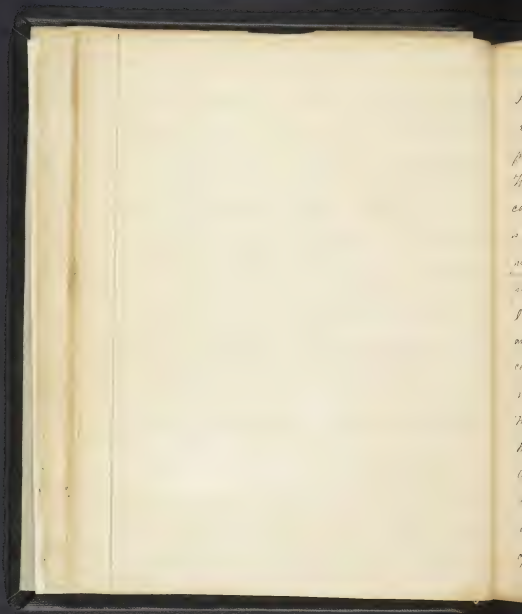
At the commencement of a paroxysm, when the patient
 begins to feel unwell, the pulse is slower and
 weaker than natural, as the cold stage advances,
 it is small, frequent, and irregular; upon the accession
 of the hot stage the pulse is full and hard, and as



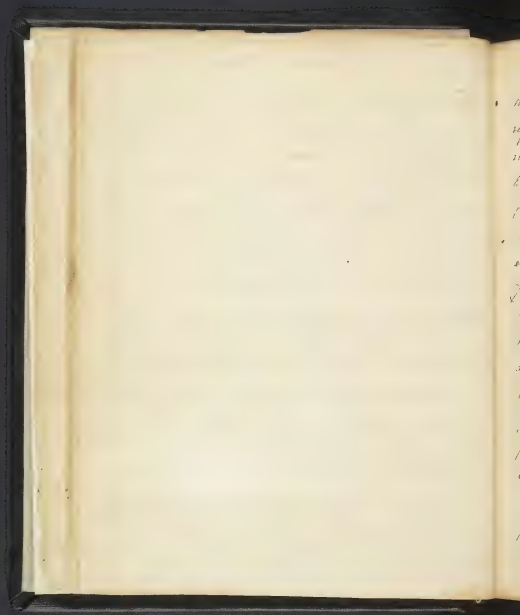
The secretory stage comes on, it becomes soft and
lip frequent, until it regains the natural state.
During the cold stage, the respiration is slow and
difficult, this by a salt water in the system the
sympathy existing between the stomach and lungs,
there is also at this time a morbid condition of the
which is produced by the contraction of the vessels of
the tongue and, &c.

We have cases recorded in which the cold stage has
been wanting, and also the hot, and even when the
hot stage has preceded the cold, yet they are
very uncommon.

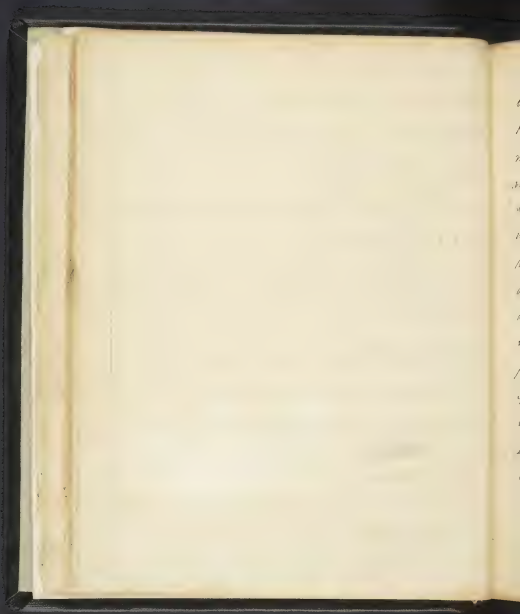
Intermittent sometimes attack themselves in various
ways as the eye a case I have seen a patient
affected by St. Vitus's dance, as it is called, and
and when in action all the organs of the body must
be affected, and the disease is sometimes very violent
and dangerous.



This disease is almost entirely confined to warm marshy countries, and is caused by the effluvia arising from stagnant water putrid vegetable matter marshes. This has universally been allowed to be the most common cause of intermittent & febrile is the only cause, that is without marsh miasma or the effluvia arising from putrid vegetable matter, Intermittent, can never be produced, cold, moisture, aqueous fogs, strong night air & acknowledge to be auxiliary in its production but they are only auxiliary, and without that main spring Miasma cannot produce the disease. Cases have been cited, by men of a different opinion, in which persons living in the most healthy parts of cities have been attacked by them; allowing this to be a fact, it does not at all militate against my reason, for the cause is not in the air but in a considerable distance and that is many a circumstance in the system for a considerable length of time; the cause attended, as related above might



nose bleed at no great distance from some putrid
 vegetable matter, or might see, possibly have seen at
 some time not very long since, near a place of the
 kind. I do not think that a town is a region, place
 from which to draw an inference, as to the cause of inter-
 mittent fever; we all know that a miasma, or malar
 exists in every town; this is adequate to the production
 of a low producing yellow fever, and if yellow
 fever can be produced by it, why not intermittent, which
 requires for its production a much milder poison, and the
 supporters of that doctrine produce, if they can, a case
 of this disease in a high healthy country, as remote
 from any marsh, stagnant water, or collection of
 putrid matter. such a case I never saw, and
 cannot be found in the annals of medicine, except in
 some person who has contracted the poison in another
 place; cold, moisture, night air, &c. might be said
 as an exciting cause and call this argument in vain



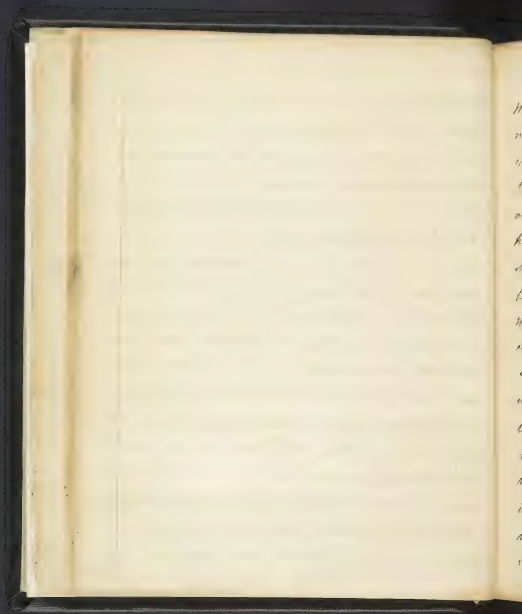
into action.

Having given the causes, symptoms, and form of intermittent fever, I come now to its management. This is very naturally divided into two parts, viz, the treatment proper during the paroxysm, and that during the apyrexia or intermission. First of that proper during the paroxysm.

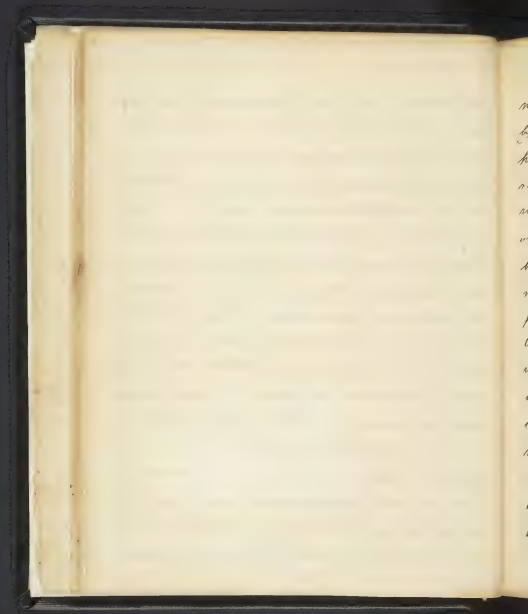
We generally follow the practice that nature dictates, and therefore when called to a patient in the first stage of the disease we order him to be put in a warm bed and warm applications to be made to his feet and different parts of his body; warm drinks should also be given and if he be much exhausted wine may be administered with advantage. Quinine has been very highly recommended in the cold stage of the fever, but in the acute or febrile stage of the disease you, tho I think is a very valuable remedy, but in some cases much more is required to relieve the insupportable affection of the head and quinine is that often attended when the last stage comes on.



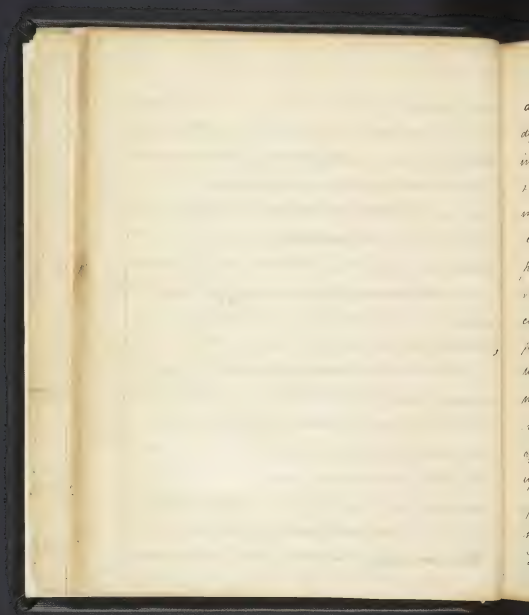
The first thing to be done is to remove irritation, for this purpose we prescribe an emetic, but sometimes it is un-
 successful by the great tendency vomiting has occurs, in
 that case we have only to encourage it with warm drinks
 having removed the source of irritation our next object
 is to produce a catharsis; to effect this various medi-
 cines have been recommended. In Europe the James pow-
 der is preferred, in this country the cathartica, peruvianum
 the Eupatorium Perfoliatum or the Spermatis Mindereri
 are generally used I think the last article is best adap-
 ted to this stage, it is very grateful to the stomach and
 can be retained on the stomach when every thing else
 will be rejected, it is also more certain in its operation
 than either of the others. This practice is adequate to
 a majority of cases, but should it be necessary in some
 an action attend we should have recourse to bloodletting
 The foregoing treatment has been merely palliative, I
 come now to that by which we put a final stop to



the paroxysm: this forms the second part of the management of intermittent, viz. Let, ^{or} suppress during the intermission. The first remedy of which I shall treat is blood letting: Various opinions have been entertained as to the propriety of bleeding in intermittent, viz. some have thought it injurious under any circumstances, and others on the contrary employ it on all occasions, I believe, as is generally the case, that the truth lies between them. Called to a patient with a full pulse, flushed countenance, great heat, thirst &c I should undoubtedly bleed him; he might, and probably would recover without it, but to use the language of a man, whose talents were equalled by nothing but his virtue, "you would not attack an enemy with reluctance, when you had Cavalry and long &c exactly as is the case with blood letting in the disease, which we are treating, often removing into other cases it, and indeed, is more often a collateral disease, but this is



not a sufficient reason for laying aside those remedies by which a cure can speedily be obtained. Bleeding however will not of itself effect a cure, but it will moderate the violence of the paroxysms very much, the cold stage will be shorter, the hot not so insupportable, and the sweat not so copious, and consequently not so debilitating; besides these advantages it paves the way for other remedies, which would before have been injurious. As much pleasure as I am with the success of bleeding in intermittent fever in particular cases, yet there are many in which it is wholly inadmissible; should the system be much debilitated, and the pulse weak, no one would for a moment think of abstracting ¹⁸⁷ blood nor would I upon every slight attack of intermittent fever, have recourse to venesection; very many cases may very readily be cured without it, and where that is the case I would by no means tread the narrow clasp of remedies of which I have treated



are Emetics. Now as in bloodletting there are two a difference of opinion, some, properly cathartics, these are in many cases adequate to the cure but there are some in which they are not. Emetics at first even would appear to be contraindicated in this disease, but came often at the commencement of a paroxysm, the patient is affected with a painful and continued vomiting, and it would appear that all offensive matter contained in the stomach, would be evacuated by the powers of nature alone, this by experience we find not to be the case, the fever continuing with great violence, we must therefore have recourse to emetics. The liver is often much affected, containing a quantity of vitiated bile, which of itself is con- sidered to keep up the disease; for the removal of this gathering is as proper as an emetic, one of which will generally answer, but cases sometimes occur in which more may be required. So efficacious are emetics here, that the disease is

o:
/
at
no
be
sh
ac
b
ar
sh
a-
be
in
to
/a
a
c;
ca
a

often checked by a single one but if this desirable one be not obtained, they will, like bloodletting, prepare the system for the reception of venous, which previously would not only have been useless, but evidently disadvantageous. The Tartar Emetic should be preferred except in the case of very delicate women and children, where Ipecacuanha should be used.

Cathartics are also very useful medicines in this disease. Emetics are sometimes from some cause or other, inadmissible here. Cathartics are indispensable. They are also required where emetics are used, as it is necessary that the alimentary canal should be evacuated previous to the use of Tonic Medicines. The cathartic most commonly used, is Calomel either alone or in combination with rhubarb or jalap.

The above remedies alone will often effect a cure, but in a majority of cases, a tonic plan of treatment is required to effect that purpose. The tonic now in general use in this disease is the Peruvian Bark. This invaluable medicine was discovered in the Province of Peru in 1630, by Simon de la Llave.

2

W

12

1/2

1/2

1/2

1/2

1/2

1/2

1/2

1/2

1/2

1/2

1/2

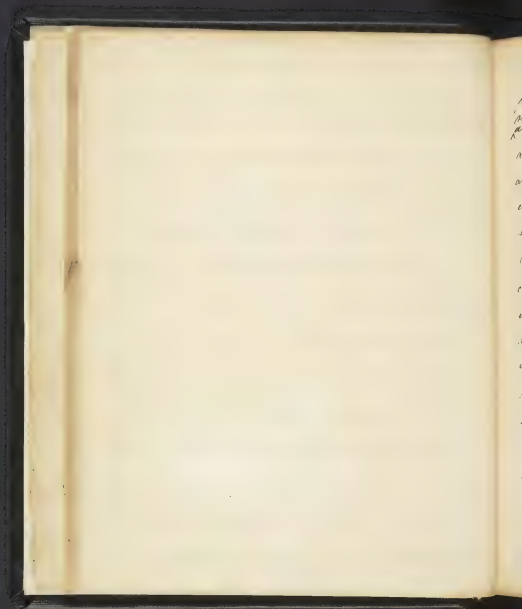
1/2

1/2

1/2

1/2

Peruvian America and there, eight, by accident, an Indian
 was said to have been cured of an intermittent fever, by drinking
 water from a pond into which a portion of the bark had
 fallen. It was soon after administered to the comely
 Cinchona lady to the Spanish viceroys, with such success
 except that its name soon spread both in America and
 Europe; from this lady it derived the name of Cinchona;
 and that of jessite bark from the circumstance of one
 that order having first introduced it into Europe: it very
 soon spread nearly over that continent, and is still
 at the present day, wherever known, almost as efficient, used
 in the cure of this disease. There is a great difference of
 opinion among the writers on this subject as to the proper
 time of giving the bark, some directing it during the paroxysm
 others during the intermission; some commencing the use of it
 immediately the patient is attacked; others waiting until
 several paroxysms have intervened. In the intermissions occur-
 ing in the United States, the intermission is undoubtedly the



proper time, or giving the medicine. It should be given in substance, in doses of a drachm every hour until within a short time of an expected attack, when it should be discontinued, for if given at that time or during the paroxysm it increases, aggravates every symptom. To the question, whether or not the bark should be given immediately upon an attack of intermittent fever? I would answer, it should be given as soon as the proper evacuating have been procured and not before. It is the practice in the West Indies of giving an ounce ~~at~~ ^{at} once, even morning and no more during the day; could this be retained it would perhaps be a good practice, but I believe few stomachs will be found that can bear as much. The stomach is often in such an irritable state, that the bark in substance cannot be borne in the smallest dose, here we should substitute the infusion or decoction, and if this too should be rejected we must resort to injections; this method however will not be submitted to, for a sufficient length of time to effect any great advantage in adults, it is



Therefore only applicable to the cases of children; and since
the rectum often gets in so irritable a state as almost to
prevent the introduction of the rectum; a small quantity of
laudanum in such injection will operate in a great degree
this defect. It has also been recommended to apply it ex-
ternally; either by sprinkling it over the whole, by bathing;

in a strong decoction, or by quelling a quantity of it
in a flannel, which is to be worn by the patient next the
anus; this last mode I believe is preferable; it is however appli-
cable only to very delicate constitutions, and to children, and
happily these are the only cases in which it is ever necessary
to employ it in this form. The hard sometimes produces
constipation, here a little rhubarb should be combined
with it, but if on the other hand it should have a contin-
gent effect, a small quantity of laudanum may be mixed in
conjunction with it.

A number of medicines have been proposed as substitutes for
the Conium Maculatum in the case of intermittent fevers, I shall



Mention a few of the most efficacious. I commence with those
of our own country, of which one of the best is the *Sopentaria*
Virginiana; she has been very highly recommended, when given
alone it sometimes produces some medicinal effect, but it is a
much more valuable remedy when combined with the bark.
The *Eupatorium Perfoliatum* has been highly spoken of by
Dr. Hozack who used it exclusively in this disease and with
great success. Dr. Barlow was much pleased with the success
of *Simula Virginiana*; many other practitioners have used
it, and with evident advantage. The *Limonium*
Tiliifera or common poplar was a favourite remedy of
Dr. Rush, he preferred it to all others, the bark only excepted;
Dr. Barlow also used it with success, and I have lately been
informed by a very respectable practitioner of Virginia that he
uses it with nearly the same success as the bark, he
uses the bark of the root in rather larger doses than the
Cinchona and in the same form. Many more of our native
medicines have been used, but I shall only mention one

M
in
m
the
pa
m
m
po
g
m
T
m
m
e
m
i
h
C

Other, the Cortex *Q. laevis* or common dogwood this I think should hold the first rank among the medicinal articles in our country, in the cure of intermittent fever, the bark of the root is the part employed. It is given in 40 other simple doses than the Peruvian Bark. In the lower parts of America where the disease is perhaps as frequent as in any part of the United States this medicine is much sustained by the poorer classes of society and with very great success. Gum Kino may be used with advantage in cases of intermittent fever accompanied with bowel affection.

The angustura was introduced as a remedy for intermittent fever a considerable time past; it was at first thought superior to the Bark, it however soon lost its credit; but within a short time past has again come into notice. It is more grateful to the stomach, and therefore may sometimes be employed where the bark is inadmissible.

Carbon has recently been recommended in this disease.



It was first used by Dr. Kalkam a physician & chemist. He communicated his success to Dr. Pollock then in Leicester who also used it with much advantage. Many practitioners have since used ^{it} and I believe have generally ^{found it} beneficial.

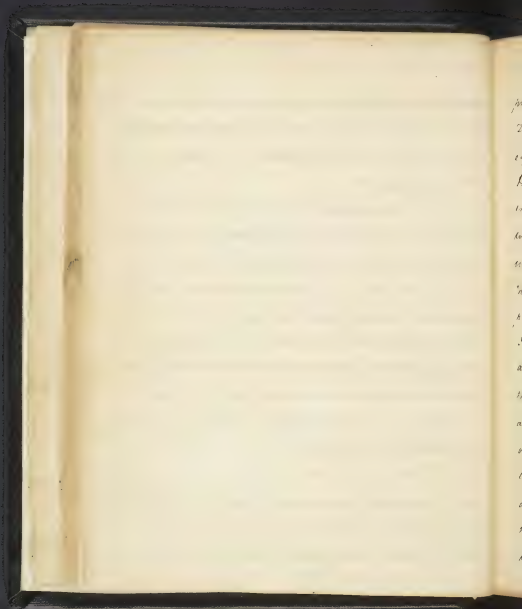
The Blue vitriol has been very highly recommended in the disease of which we are treating it is not a new medicine long standing. The Sulphate of Iron and Quina have also been used; they are proper in the same case as the medicine last mentioned. Many other articles from the Mineral kingdom might be enumerated, but I shall only mention one other, Arsenic: of this medicine in the case of intermittent fever, not a little has been said. From the facility with which it may be administered, it is peculiarly adapted to the cases of children; it may also be used with much benefit in the intermittents of adults combined with the last. Sometimes all these measures fail and the disease continues for a great length of time. Blood letting has here been used with the most evident advantage; often by abstracting ten or



twelve ounces of blood and applying a blister case has been cured that had baffled our utmost endeavours. But sometimes the disease is kept up by conglutions of the viscera, we must then resort to mercury.

The Bark should be continued for some time after the anæmying has been stopped, and the patient should be careful not to expose himself to cold or damp^{air}, he should keep in a dry and warm and if much debilitated should take Calomel, as the system after an attack of intermittent fever, is peculiarly ^{liable} to a repetition of the disease.

Having given the general treatment proper during the intermission, I shall now mention that to be pursued at the time of an expected paroxysm for working it off. The patient should be put in a warm bed and some warm drinks given. Sassaaparilla is here a very valuable remedy, forty or fifty drops should be taken in a quantity of tea or coffee, as warm as it can be borne; this will often keep off an attack. Violent exercise immediately,



preceding the expected paroxysm has sometimes stopped it. Terror or a violent fit of passion has produced the same effect. Change of situation is sometimes very beneficial.

Having given a short account of the cause, nature, and treatment of intermittent fever, I shall now proceed to make a few remarks on its prevention. This is a subject well worthy the serious attention of medical men, since there are some parts of our country, in which a large proportion of the inhabitants have annually this disease.

Persons living in miasmatic country, should avoid, night air, long fasting, fatiguing exercise or any thing predisposing the system to the action of the miasma; particularly getting wet, and remaining in damp clothes for any length of time. Rows of trees should be planted between the houses of the inhabitants and the source of exhalation. Much benefit may be derived from taking a dose of Bark every morning, during the summer and fall: this I have frequently seen attended with success. The clothes should be changed agreeably to the

[Faint, illegible handwriting on a lined page, likely bleed-through from the reverse side.]

van
at
hap
in
two
me
on

varieties of temperature; it is very essential that this should be attended to, as the changes of weather are often so great, that half a dozen persons in a family are attacked with an ague in a short time of each other; this may frequently be prevented by the precautions I have mentioned, and I believe were it more generally adopted, cases of intermittent fever would be rare, compared to what they are at present.

